

## APPLICATION PACKET CHECKLIST SCHOOL BUS REPLACEMENT

Submit a **complete** application packet to decrease the processing time and delay possible incentive funding. A complete application packet includes the following items:

- ☐ Completed **Application** and include:
  - ⤴ Completed **Certifications** Section, signed in blue ink.
  - ⤴ Completed **Funding Disclosure**, signed in blue ink.
  - ⤴ If applicable, Completed **Third Party Information**, signed in blue ink.
- ☐ A school board resolution or a duly authorized official with the authority to make financial decisions, authorizing submittal of this grant request.
- ☐ Completed **IRS Form W-9**.
- ☐ Copy of California Highway Patrol Safety Certification (**CHP form 292**), for each school bus to be replaced, showing continuous safety certification from December 31, 2005 to current.
- ☐ Copy of Department of Motor Vehicles **registration** for each school bus to be replaced.
- ☐ Dated and itemized dealer **quote** for replacement school bus.
  - ⤴ The quote must provide a breakdown for the total cost of the new school bus.
- ☐ Documentation showing the applicant has informed the school bus distributor that for each bus delivered late, the school district or ARB will reduce the grant payment to the school bus distributor by \$100 per day per bus for each day a bus is delivered after the applicable delivery deadline.
- ☐ Dated and itemized quote for alternative fuel infrastructure (if applicable).
- ☐ Copy of the ARB certification **executive order** for the engine of the new replacement school bus.
- ☐ Submittal of a **photograph of the data tag** for each school bus to be replaced. The photograph must be legible and preferably in electronic format. This photo will be used to verify the GVWR for the school bus to be replaced.
- ☐ Submit completed applications to:

Lisa McNally  
**ICF International**  
394 Pacific Avenue, 2<sup>nd</sup> Floor  
San Francisco, California 94111

## SCHOOL BUS REPLACEMENT APPLICATION

### I. APPLICANT INFORMATION

1.	Applicant Type : <input type="checkbox"/> School District <input type="checkbox"/> JPA		
2.	Applicant Name:		
3.	Applicant Address:		
4.	a. City:	b. State:	c. Zip Code:
5.	a. Contact Name:	b. Contact Title:	
6.	a. Contact Phone:	b. Contact Fax:	
7.	Contact Email:		
8.	Air District Name:		
9.	Person with Contract Signing Authority:		
10.	Number of School Buses in Fleet:		
11.	Number of School Buses to be Replaced:		
12.	School District(s) Associated with Project (if applicant is JPA):		
13.	Percent of Time this/these School Bus/Buses is/are Associated with the Mentioned School District(s):		

### II. EXISTING SCHOOL BUS INFORMATION:

**Complete this section for each vehicle proposed to be replaced: Vehicle \_\_\_\_ of \_\_\_\_**

14.	School Bus Identification Number:		
15.	School Bus Storage Address:		
16.	a. City:	b. Zip Code:	
17.	School Bus Manufacturer:		
18.	a. School Bus Model:	b. School Bus Model Year:	
19.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other		
20.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other		
21.	Estimated Annual Fuel Usage for this School Bus:		
22.	Cumulative Mileage:		
23.	Gross Vehicle Weight Rating (GVWR):		
24.	Vehicle License Number:		
25.	Vehicle Identification Number (VIN):		
26.	a. Engine Manufacturer:	b. Engine Model:	c. Engine Model Year:
27.	a. Engine Displacement:	b. Engine Serial Number:	
28.	Manufacturer's Maximum Brake Horsepower Rating:		
29.	Average Vehicle Life (how long you usually keep your school buses):		

### III. NEW REPLACEMENT SCHOOL BUS INFORMATION

30.	New School Bus Manufacturer:		
31.	a. New School Bus Model:	b. New School Bus Model Year:	
32.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other		
33.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other		
34.	Gross Vehicle Weight Rating (GVWR):		
35.	Vehicle Identification Number (VIN):		
36.	a. Price of School Bus:	b. Amount Requested from LESB program:	
37.	a. Estimated Purchase Order Date:	b. Estimated Date of Bus Delivery:	
38.	a. Match Funding Amount:	b. Match Funding Source:	
39.	a. Engine Manufacturer:	b. Engine Model:	c. Engine Model Year:
40.	a. Engine Displacement:	b. Manufacturer's Maximum Brake Horsepower Rating:	

## SCHOOL BUS REPLACEMENT APPLICATION

### IV. SCRAPPING COMPANY/DISMANTLER INFORMATION

41.	Describe Method of Disposal of School Bus:		
42.	Scrapping Company/Dismantler Name:		
43.	Contact Name:		
44.	Address:		
45.	a. City:	b. State:	c. Zip Code:
46.	a. Phone:	b. Fax:	
47.	Email:		

### V. SCHOOL BUS MANUFACTURER/DEALER INFORMATION

48.	School Bus Manufacturer/Dealer:		
49.	Contact Name:		
50.	Address:		
51.	a. City:	b. State:	c. Zip Code:
52.	a. Phone:	b. Fax:	
53.	Email:		

### VI. INFRASTRUCTURE: Fueling Station

54.	Funding Requested for Fueling Infrastructure: <input type="checkbox"/> If yes, fill boxes below <input type="checkbox"/> No, skip this section		
55.	Contact Name:		
56.	Fueling Station Address:		
57.	a. City:	b. State:	c. Zip Code:
58.	a. Phone:	b. Fax:	
59.	Email:		
60.	Estimated Purchase Order Date:		
61.	a. Cost of Fueling Station/Infrastructure:	b. Amount Requested from LESB program:	
62.	Number of School Buses Fueling Station/Infrastructure would serve:		

## SCHOOL BUS REPLACEMENT APPLICATION

### VII. ADDITIONAL INFORMATION

#### 63. Maintenance

Describe your maintenance facility and practices, including any training regarding the reduced-emission technology. If the training has not been completed, provide a timeline for completion.

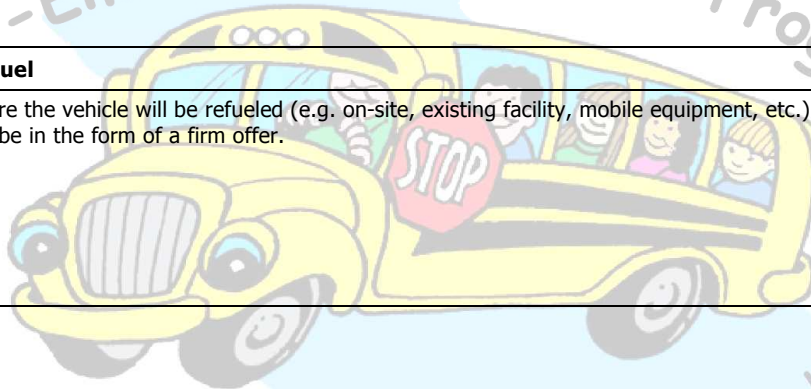
#### 64. Alternative Fuel Infrastructure

Please check one of the following: ☐ No new infrastructure request ☐ New fueling station

Describe your alternative fueling infrastructure needs (CFM capacity needed, number of CNG posts, etc.). If an additional incentive is requested as part of this application, please describe the type of unit requested. Include any quotes for fueling infrastructure as a separate attachment for the Air Resources Board review and approval.

#### 65. Alternative Fuel

Describe how, and where the vehicle will be refueled (e.g. on-site, existing facility, mobile equipment, etc.) if fueled with alternative fuel. The verification should be in the form of a firm offer.



## SCHOOL BUS REPLACEMENT APPLICATION

### SCHOOL DISTRICT/ORGANIZATION CERTIFICATION

I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge.

Printed Name of Responsible Party:

Title:

Signature of Responsible Party (Must sign in **BLUE INK ONLY**):

Date:

### FUNDING DISCLOSURE

Have you applied for or been awarded other grants for any buses listed in this application?

☐ Yes, fill section below and complete for each replacement bus ☐ No, skip this section

Agency Applied to:

☐ Clean School Bus USA ☐ Other

Date of Application:

Funding Amount:

Buses included in this Request (list engine serial numbers):

Status of Application: ☐ Canceled ☐ Pending ☐ Funded ☐ Other

### THIRD PARTY INFORMATION

This section **must be completed** if any part or all of the application was filled out on your behalf, by a third party.

Contact Name and Title:

Business Name:

Phone Number:

Cost of Services (not eligible for funding reimbursement):

Source of Funds:

I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge, and that the Air Resources Board funds may not be utilized to compensate me for my services.

Printed Name of Responsible Party:

Title:

Signature of Responsible Party (Must sign in **BLUE INK ONLY**):

Date: